

Substance Abuse Treatment Implications to Terrorism Events

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Where were you when...?

- You heard about Oklahoma City?
- You heard about New York City?
- You heard about the D.C. sniper attacks?

Did you know that...?

- There is a presidentially declared disaster, on the average, every two (2) weeks in this country?
- That disaster is not abnormal?
- That mental health and especially substance abuse services are relative newcomers to the mix?

Source: National Center for PTSD

The OKC toll was enormous

- 168 dead
- 853 injured
- 30 children orphaned
- 219 children lost one parent
- Over 400 homeless
- Over 12,000 persons participated in rescue and recovery efforts
- It is estimated 16,000 persons were in the downtown area at the time of the bombing

Source: Project Heartland Final Report, 1998

In Oklahoma City, the Department of Mental Health and Substance Abuse Services became “ground zero” for hotlines, for the media, and for service response for the community.

Project Heartland came to be:

- From June 1, 1995, through February 28, 1998, 8,868 persons received counseling
- 186,000 contacts made
- Not a single client committed suicide

Source: Project Heartland Final Report, 1998

So what do we know about substance abuse and disaster?

Substance use/abuse increases significantly following terror attacks

- In Oklahoma City, alcohol use was 2.5 times higher than the control city the year following the bombing.

Source: Smith et al, J OK State Med Assoc (1999)

- In New York City, sales of alcohol increased 12%; over 25% of residents in lower Manhattan alone reported having an extra drink per day.
- Since 41.7% of all who drank alcohol consumed more, 226,000 persons increased use

Source: Vlahov et al, Am J Epidemiology (2002)

Cigarette & marijuana use increased in New York City after 9/11

- 3.3% began to use cigarettes
- 2.5% started to use marijuana
- Of those who already smoked, 41.2% smoked more cigarettes
- Total of 265,000 began/increased usage:
 - 89,000 smoked more cigarettes
 - 29,000 used more marijuana

Substance use/abuse increases following natural disaster

- Increases in substance abuse, anxiety, depression, and posttraumatic stress disorder (PTSD) are seen after tornadoes.

Source: Godleski, J Kentucky Med Assoc (1997)

- Following Hurricane Hugo, beer consumption rose 25%

Source: <http://www.iprc.indiana.edu/publications/ncadi/mpw/mpw16.html>

Relapse is a major concern

- Emerging research suggests relapse for those in recovery from alcohol addiction is a major consequence of terrorism.

Source: Zywiak et al, Substance Abuse (2003)

- Stresses like terrorism increase the likelihood of relapse in recovering alcoholics.

Sources: Brady et al, Alcohol Research/Health (1999); Brown et al, J Studies Alc (1995)

Other drug users at risk for relapse

- Many New York City residents who had been in recovery from cocaine or heroin addiction for less than 6 months relapsed

Source: Weiss et al, J Urban Health (2002)

- Staff as well as client relapse was noted in New York City following the terrorist attacks at the World Trade Center

Source: Frank & Owens, The Impact of the World Trade Center Disaster on Treatment and Prevention Services for Alcohol and Other Drug Abuse in New York (2002)

Methadone maintenance presents a special case

- In NYC, methadone clinics south of 14th Street were declared off-limits and were not accessible by patients; one was destroyed
- Patients need medication
- Guest-dosing took place at other facilities
- Service providers must have an emergency-dosing plan in place in the event of disaster

Source: Frank & Owens, The Impact of the World Trade Center Disaster on Treatment and Prevention Services for Alcohol and Other Drug Abuse in New York (2002)

Trauma-related PTSD is highly associated with substance use/abuse/addiction

- Persons most directly associated with disaster most likely to suffer from PTSD
- NYC residents with PTSD were 5 times more likely to increase use of cigarettes or marijuana than those without the diagnosis
Source: NIDA, Substance Abuse Increases in NYC in the Aftermath of 9/11 (2002)
- In OKC, 34% of survivors had PTSD 8 months later; 32% used alcohol as coping mechanism
Source: North et al, JAMA (1999)

Do you see a pattern?

- Disaster happens, be it human-caused or natural, personal violence or accidental trauma
- Persons use more substances to numb or to cope with intense feeling and pain of trauma
- Those in recovery, especially early, may relapse
- Those nearing addiction may cross the line
- PTSD and other psychological consequences ensue; vulnerable persons may use substances
- Addiction may result
- Additional services are needed

Prevention is involved, too

- In NYC, certified substance-abuse prevention professionals were first responders with faculty, children, and parents
- Whether private, parochial, or public, school personnel were adversely affected by the terrorist attacks

Source: Frank & Owens, The Impact of the World Trade Center Disaster on Treatment and Prevention Services for Alcohol and Other Drug Abuse in New York (2002)

OKC Lessons Learned

1. Low priority of substance abuse services
2. Take care of staff
3. Plan, plan, and plan some more
4. This is a political event!

5. Train now for events later
6. Have alternative communication plans

Working together, we can ameliorate the impact of disaster

Learn about the dual diagnosis of PTSD and substance use/abuse

Train to recognize and refer

Plan to be an integral part of disaster response in your community

SAMHSA Planning Assistance for Mental Health/Substance Abuse Disaster Response

- Around the nation, 35 states have so far participated in 3-day disaster-planning and team-building training
- Regional events have highlighted the latest research and information on disaster, its effects, and how SSAs can respond
- State teams come together to plan, based upon experience and new knowledge

Collaboration is key!

- State teams could include:
 - Substance abuse agency
 - Mental health agency
 - State Emergency Management Agency
 - Homeland Security
 - Governor's office
 - Private organizations, such as Red Cross
 - Service providers

Who else?

- Faith organizations
- Those in recovery
- Service associations
- Advocacy groups

- Civic organizations
- Schools and universities
- Employee assistance professionals

Training is paramount

- Before the event, not after
 - Too hectic post-event
 - Personnel have no time later to attend
- Provide credentialing credit for training; require it if at all possible
- Assess potential needs of providers
 - Administrative training needed? Clinical?
 - Management? Line staff?

Training about the Plan

- Once a state plan is finalized, providers and others must be trained to implement it
- Local teams can use the state plan as a guideline for building local plans
- Participation by substance abuse services personnel in table-top and live disaster exercises helps all to see gaps and needs

All-hazards Planning for Substance Abuse Services

- CSAT developing a systems-approach document to assist you in your planning efforts
- Other resources and state plans are available at:
www.samhsa.gov/dtac
- Today's plethora of resources alone will provide plenty of late-night reading!

When Disaster Happens...

- Remember to look for the silver lining in whatever dark cloud you receive
- In NYC, a provider of women's services noted this Spanish saying:
 - No hay mal que por bien no vengaIt means, "There is nothing so bad that some good can't come of it."